



LOS ANGELES COUNTY COMMISSION ON HIV

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PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

February 22, 2011

Approved
2/22/2011
LACHNA

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Carla Bailey, <i>Co-Chair</i>	Douglas Frye	Aaron Fox	Amy Wohl	Jane Nachazel
Michael Johnson, <i>Co-Chair</i>	Michael Green	Scott Singer	Juhua Wu	Glenda Pinney
Al Ballesteros	Anna Long (<i>medical leave</i>)			Craig Vincent-Jones
Bradley Land	Abad Lopez			
Ted Liso	Tonya Washington-Hendricks			
Quentin O'Brien				

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- 1) **Agenda:** Priorities and Planning (P&P) Committee Meeting Agenda, 2/22/2011
- 2) **Minutes:** Priorities and Planning (P&P) Committee Meeting Minutes, 2/1/2011
- 3) **Table:** 2011 HIV/AIDS Data Summit Evaluations, 1/21/2011
- 4) **Update:** Priorities and Planning Meeting – LACHNA CARE Update, 2/22/2011
- 5) **Update:** Monthly Update, OAPP, 2/16/2011
- 6) **Spreadsheet:** Ryan White Part A, Single Allocation Model (SAM) Care and MAI Year 20 Expenditures by Service Categories, Grant Year 20 Ryan White Funding Expenditures as of December 31, 2010, 2/16/2011
- 7) **Summary Key:** Ryan White Parts A, B and MAI Expenditures by Service Categories, 2/16/2011
- 8) **PowerPoint:** Office of AIDS Programs and Policy, Overview Oral Health Care Services, COH Priorities and Planning, 2/1/2011
- 9) **Policy/Procedure:** Priority- and Allocation-Setting Framework and Process, 2/1/2008 *approved*

1. **CALL TO ORDER:** Mr. Johnson called the meeting to order at 1:40 pm.

2. **APPROVAL OF AGENDA:**

MOTION #1: Approve the Agenda Order (*Passed by Consensus*).

3. **APPROVAL OF MEETING MINUTES:**

MOTION #2: Approve the 2/1/2011 Priorities and Planning (P&P) Committee Meeting Minutes (*Passed by Consensus*).

4. **PUBLIC COMMENT, NON-AGENDIZED:**

- Mr. Singer, California Planning Group (CPG), noted the CPG will meet in Sacramento, 2/24-25/2011, to work on California's 2013-2014 Prevention, Care and Surveillance Plan due 1/20/2012. The framework is being developed and committees are working on sections. Public comment will be taken the morning of 2/25/2011. The CPG website has more information.
- Mr. Johnson said he has spoken with Michelle Roland, Chief, Office of AIDS, about the planning challenge posed by varied Health Services, Public Health and Medicaid expansion activities. He suggested the CPG hold several fact-finding open hearings with active participation by local jurisdiction health service officials involved in Medicaid expansion to discuss the "bridge to reform" period so efforts can be cost-effective and non-redundant.

5. **COMMISSION COMMENT, NON-AGENDIZED:**

- Mr. Vincent-Jones apologized for IT problems that interrupted electronic distribution of the agenda. The agenda had been posted but staff was not able to email it.

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- He expressed concern that the Office of AIDS Programs and Policy (OAPP) had not yet submitted its annual fiscal report to the Commission, as required by Board motion. The report includes OAPP's FY 2010 budget, final annual expenditures for prevention and care services, support and administration, and uses of different funding sources. It is normally presented to the Commission in January or February.
- ➡ P&P Committee Co-Chairs will send a letter to OAPP requesting their annual expenditures report for the March meeting.

6. PUBLIC/COMMISSION COMMENT FOLLOW-UP: Ms. Pinney presented a summary of evaluations from the 1/21/2011 Data Summit. There were 38 responses of the 90 participants. Most respondents found the Summit excellent (32%) or very good (44%) with useful information (97%).

7. CO-CHAIRS' REPORT:

- A. Co-Chair Elections:** Co-Chair nominations were Messrs. Ballesteros and Land. No other nominations were received.
MOTION #3: Elect Al Ballesteros and Bradley Land Priorities and Planning (P&P) Committee Co-Chairs (***Passed by Consensus***).
- B. Committee FYs 2010/2011 Work Plans:** Ms. Bailey and Mr. Johnson will assist the new Co-Chairs with a draft for March.

8. LOS ANGELES COUNTYWIDE HIV NEEDS ASSESSMENT (LACHNA):

- Dr. Wohl, HIV Epidemiology Program (HEP), reported LACHNA Care interviews began in January with 68, or 15% of 450 planned, completed to date. Fourteen (30%) of 47 targeted sites are done with 2 in progress; recruitment complete at 14 and in progress at 2.
- Five sites require their own IRB approval. Olive View, Harbor/UCLA and Drew have received preliminary approval pending requested supplemental documents, while initial applications are pending for USC and St. Mary's Medical Center. A certificate of confidentiality has been received from HRSA for the project, which adds another level of data confidentiality.
- Client response rate is high at 92%. Three individuals were ineligible as they were not HIV+. By language, 46 interviews (68%) to date have been in English and 22 (32%) in Spanish.
- Three to five laptops are brought to each site for the self-administered surveys. A random sample methodology is used to approach people as they enter the agency. Informed consent is administered to those who agree to the survey. Laptops are set up in a separate room with staff available to answer questions or provide other assistance as needed. Surveys take about 45 minutes and most participants give positive feedback on the process.
- Two interviewers have been trained. Yahaira Gomez is bi-lingual English/Spanish and Christopher Moore is an experienced community services counselor. Both have significant experience in interviewing people for similar studies. The study coordinator does a 10% quality control check of data, data collection, recruitment procedures and interviews.
- Dr. Wohl clarified this is a needs assessment for the 47 Continuum of Care services. Participants are asked if they are aware of each service, need it, have received it and if they are satisfied with it. The goal is to complete recruitment in April or May with a report in June 2011 after cleaning, compiling and analyzing data.
- Mr. Johnson noted a key Commission concern is impact of changes on consumers in or likely to go into managed care. He noted some locations where consumers might be in managed care and asked if any related data is collected. Dr. Wohl said the survey was not designed for that, but Ms. Pinney noted health insurance type is asked, which will yield Medi-Cal data.
- Mr. Vincent-Jones said this LACHNA will provide a baseline to identify changes due to managed care migration in the next LACHNA. He added the Core Medical Services Evaluation of Service Effectiveness currently in progress will offer another such baseline and address effectiveness characteristics.
- ➡ Contact Medicare and Medi-Cal to attempt to access their quarterly quality of care assessment data if possible.

9. OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT:

- Ms. Wu reported that OAPP is reviewing RW client data to estimate number and demographics of those in medical care, by provider, who will be transitioned into a Medi-Cal 1115 Waiver managed care plan or insurance exchange health insurance option. It is also identifying current RW-contracted providers that participate in Healthy Way LA and other managed care plans that may be options for legal County residents who meet diagnostic and income criteria.
- Mr. Johnson said that Michael Green, Chief, Planning Division, had last given him an estimate of 10,000 Senior and Persons with Disabilities (SPDs) in the Ryan White system. Ms. Wu said OAPP considered that to be the general number, but OAPP is reviewing numbers by provider and potential eligibility. Ms. Wu said OAPP estimated 30% of the 15,000 RW clients were

undocumented. Mr. Vincent-Jones added that at the 2/10/2011 Commission meeting Mr. Pérez estimated 1,000 RW Medi-Cal clients will migrate to managed care.

- Mr. Vincent-Jones clarified that currently a client can be eligible for Medi-Cal, but can choose to remain in the RW system as HRSA does not consistently enforce enrollment in other systems of care. Ms. Wu added RW services can be accessed during Medi-Cal enrollment and enrollees may still access wrap-around services.
 - Mr. Vincent-Jones added RW pays per budgeted contract while Medi-Cal pays per patient, so it is hard to reconcile them. Mr. O'Brien said Casewatch reports Medi-Cal eligibility, but Mr. Vincent-Jones indicated that is dependent on provider input. Mr. O'Brien noted ADAP enrollment requires a Medi-Cal rejection letter, so ADAP enrollment sites should know who is Medi-Cal eligible.
 - Mr. Ballesteros said if a Medi-Cal patient gets ADAP drugs prior to a medical visit then ADAP will clear the Medi-Cal share-of-cost. Otherwise, share-of-cost will register when the clinic runs the Medi-Cal card. Mr. Vincent-Jones asked about differences due to better data systems at more sophisticated providers. Ms. Wu said OAPP is reviewing data by provider in order to identify such differences.
 - Mr. Ballesteros said if all those at or below 133% of Federal Poverty Level (FPL) are eligible for Healthy Way LA it would mean the Department of Health Services (DHS) and OAPP have determined how many PWH in the Ryan White system may participate in Healthy Way LA, but he did not think it has been discussed yet. Mr. Johnson said that the discussion had not yet happened. Mr. O'Brien noted Healthy Way LA receives a County match while RW does not, so DHS has no incentive to include PWH in Healthy Way LA.
 - Mr. O'Brien added the DHS Chief Financial Officer felt RW cannot match Healthy Way LA as it would constitute using federal funds to match federal funds, but DHS is looking into the possibility anyway. Mr. Vincent-Jones reported that the HRSA Project Officer said RW funds could be used to supplement Medi-Cal, so perhaps they could be used for Healthy Way LA as well.
 - Mr. Ballesteros noted two populations: Medi-Cal patients will have to choose a health plan and those without Medi-Cal will be moved by the County into the quasi-Medi-Cal Healthy Way LA. Many current RW patients would be eligible for Healthy Way LA if DHS and OAPP agree they can enroll, which would then open many RW slots, but that agreement is uncertain.
- ➡ Request Dr. Green to find out if RW funds can be used to match Healthy Way LA funds.

10. FY 2010 EXPENDITURES:

- A. FY 2010 Financial Expenditures Report:** Ms. Wu noted no change in full year estimates since 2/1/2011. Full expenditure of the \$36,904,221 Part A award is expected with implementation of the underspending plan approved by the Commission.
- B. Maintenance of Effort:** There was no additional discussion.

11. FY 2010 PRIORITY- AND ALLOCATION-SETTING (P-and-A) REVISIONS:

- A. State Part B Underspending:**
 - Expenditures of State Allocation Model (SAM) Part B funds continues to reflect underspending of \$1,297,182, necessitating an additional re-allocation of funds in order to ensure full expenditure of SAM funding by the end of the State's fiscal year (June 2010). Unlike the HRSA's administration of Part A and MAI funds, the State will not allow SAM funds to be carried forward to the next year, and it jeopardizes that continued level of funding in the subsequent year. OAPP requested funds be re-allocated to Residential Care.
 - Mr. Vincent-Jones questioned EIS. None of the \$1,266,234 allocated from Part A to EIS has been spent. MAI underspending of the allocated \$873,719 is estimated at \$273,719. Ms. Wu said OAPP has focused on utilizing MAI funds while Part A funds will be absorbed in the underspending plan. Mr. Vincent-Jones noted it is still a major variance and indicates that the category was not implemented at all for Part A.
 - Mr. Johnson sought trend analysis information underpinning expenditures. Mr. O'Brien noted estimates can change quickly, e.g., it is not unusual for six months of requested budget modifications to be pending, which will show as a large jump if approved. Mr. Vincent-Jones responded that the year-end expenditure projections in the financial expenditure report are intended to accommodate those trends. Starting in the third or fourth quarter of the year, OAPP finance and program staff begin projecting year-end spending by estimated budget modifications, spending patterns, staffing and other factors.
 - Mr. O'Brien asked if this is the first full SAM year, to which Ms. Wu responded affirmatively. Mr. Vincent-Jones reiterated that all SAM funds are Part B, which are the Commission's responsibility to allocate. Ms. Wu responded that the State coined the term "SAM," which is what OAPP uses in numerous reports.

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- Mr. O'Brien questioned the difference between the \$316,558 allocated for Case Management, Home-Based Part A and SAM and the \$3,105,367 full year. Mr. Vincent-Jones said the change was due to a State shift of responsibility to local jurisdictions with the start of SAM but indicated that there was significant underspending even with the increase. Ms. Wu noted funding increased from \$4.6 million in Part B consortium funds before SAM to nearly \$10 million in SAM Part B funds. More was allocated in YR 20, but percentages did not change much and not all contractual obligations reflected the change.
- Mr. Fox asked if categories besides Residential Care could expend SAM underspent funds. Ms. Wu said they could not due to contractual requirements.
- Mr. Singer noted Residential Care is currently funded by NCC. He asked if allocating SAM funds to the service category would that the \$1.3 million NCC funding the reallocation would replace would be lost to care and treatment. Ms. Wu said NCC is routinely used to fill gaps. Mr. Vincent-Jones expressed concern the NCC contribution to care and treatment has declined some \$3 - \$4 million over the last few years and could possibly be decreased again by another \$1+ million.
- Mr. Vincent-Jones also reminded the Committee that OAPP had sought to streamline allocations by funding service categories from single funding sources—which is why the Committee did not originally allocate to residential services, so that it would be entirely funded by NCC—but is now asking to do the opposite. Ms. Wu responded that OAPP is aware of it and does not like to shift funds, but sometimes must do so to maximize funding. Mr. O'Brien said funds are not simply being shifted and noted that allocated funds in several categories have been significantly underspent, for example, EIS, Benefits Specialty and Health Insurance Premiums/Cost-Sharing.
- Mr. Johnson said failure to implement service categories was not acceptable, and recommended that it remain a P&P concern going forward.

MOTION #4 (Ballesteros/Land): Approve re-allocation of \$1,297,182 in underspent Part B/SAM funds to Residential Care provided that the total commitment of NCC dollars for care and treatment through FY 2011 remains the same as reflected in the financial expenditures report (*Passed by Consensus*).

B. Medical Care Coordination (MCC): This item was postponed.

C. Minority AIDS Initiative (MAI) Underspending:

- Ms. Wu said Dave Young, Chief, Financial Services updated MAI expenditures resulting in slightly reduced estimated savings of \$997,341. Savings are mainly from realignment of the MAI and Part A cycles creating overlap of MAI Year 3 (8/1/2009 – 7/31/2010) and FY 2010 (3/1/2010 – 2/28/2011). OAPP requested maintaining existing MAI categories, but adding Transitional Case Management (TCM), which helps link to and maintain the post-incarcerated in care.
- Mr. Fox asked why funds could not be absorbed by existing categories. Ms. Wu believed current capacity could not absorb the additional funds. Mr. Fox also questioned this choice as the Center for Health Justice recently received additional federal funds for TCM.
- Mr. Johnson said the Department of Public Health (DPH) submitted a 2/8/2011 Board letter outlining four new TCM agreements planned by OAPP and funded by Net County Cost (NCC)—which the Board approved. He indicated that according to the timeline for Board letters that OAPP has previously presented to the Commission (90 days), the Board letter had to have been developed before it made its recommendation to the Commission at the 2/1/2011 meeting. As a result, the Committee raised the question of whether or not the proposal would supplant funds, which is prohibited by HRSA.
- Ms. Wu replied the OAPP request to the Board was for FY 2011 and not carryover funds from the MAI current year. Mr. Vincent-Jones responded that OAPP's request also pertained to carryover funds that would be used in FY 2011. Mr. Vincent-Jones indicated that the question of supplanting funds could only be answered if OAPP intended to use the requested allocation for services above and beyond those detailed in the Board letter, and OAPP had not provided that information.
- Mr. Johnson said Dr. Jennifer Sayles, OAPP's Medical Director, had reported on discussions between the Sheriff's Department and OAPP. The Commission requested inclusion to better understand issues, but was told it could not participate. He added that Carlos Vega-Matos had previously reported to the Joint Public Policy (JPP) Committee that an agreement between OAPP and the Sheriff's Department. Mr. Johnson asked if there had been a financial commitment made to the Sheriff's Department by OAPP. Ms. Wu responded that a new services program manager had been hired at the jail to coordinate services, but she did not know if there were other financial commitments made beyond that.

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- Ms. Wu expressed OAPP's concern that of 120 post-incarcerated individuals served, only 14 went to their first medical appointment in the last MAI term. Mr. Fox responded that it was not evidence that it was due to a lack of funds. Mr. Vincent-Jones noted that the OAPP reported indicated those figures came from Early Intervention Services (EIS) data from EIS expenditures of \$273,719, and pointed out that EIS is significantly underspent by over \$1.5 million in combined Part A/MAI funds.
- Mr. Vincent-Jones indicated a specific MAI plan had been approved, with OAPP participation and enthusiastic agreement, yet a large portion of those funds were not spent as allocated. The plan included specific recommendations on oral health care services implementation, including associated education and access activities—which OAPP agreed could be implemented—yet OAPP now reports that those activities have not been and will not be implemented.
- He expressed concern about the wisdom of allocating up to an additional \$1 million to a service category that is also currently projected to underspend its \$593,547 allocation by \$134,811—especially since OAPP had not provided information or plans how it intended to use the funds or implement those services.
- MAI FY 2010 expires 2/28/2011. Ms. Wu said expanding to four categories will allow more options both now and in FY 2010. Mr. Vincent-Jones noted that all MAI service categories are underspent, even granted the 5-month overlap funding. He added that at the prior P&P Committee meeting, Dr. Green reported that the MAI plan had not been reviewed recently. Mr. Vincent-Jones responded that it had been within the last year-and-a-half, and the decision was to maintain the plan, adding that the Committee did not feel changing the plan was appropriate at the time because significant delays in MAI implementation did not provide adequate time to evaluate whether the MAI plan was improving outcomes. He noted that OAPP's oral health presentation the prior month indicated that the MAI allocation to oral health seemed to be proving effective.
- Mr. Land and Ms. Bailey both said the only people with HIV/AIDS who have died recently was the result of oral health problems—either due to oral health complications or because they lacked teeth needed for good nutrition. Referencing the OAPP's oral health care presentation from the prior meeting, he expressed concerns that OAPP's only response to problems with the current oral health service delivery is to develop guidelines. This is the kind of emergency Ryan White funds are designed to address.
- Mr. O'Brien felt the decision need not be immediate as HRSA understands the cycle overlap. Mr. Vincent-Jones said a full MAI evaluation is agendized for the coming months. Ms. Wu said the MAI YR 3 report was just submitted, but the FY 2010 report will be due to HRSA 30 to 60 days after the grant ends on 2/28/2010. MAI carryover will be requested at that time and requires a plan. MAI is no longer be on a three-year cycle, and is on the same one-year cycle as Ryan White.
- Mr. Vincent-Jones counseled the Committee that deciding against re-allocating does not mean that the Committee could not decide to fund TCM at some other point with Part A funds, for example when it revises its FY 2011 Part A allocations once the Ryan White award is received or when it allocates for FY 2012 services.
- Mr. Vincent-Jones noted OAPP's argument has been that a one-time funding boost to increase oral health care capacity is an issue as providers become responsible to maintain services without assured funding in future. He felt that risk is equally pertinent to TCM.
- Mr. Johnson identified his basic concerns as follows: 1) He could not reconcile the TCM request with the Board Letter, 2) He wanted clarification of any OAPP commitments to the Sheriff's Department, and 3) oral health care clearly, echoing OAPP's presentation, needs greater investment.
- He added that Dr. Green referenced a new way to contract providers that was faster than past procurement processes because it did not require an RFP. Ms. Wu said TCM was recommended as it takes time to increase capacity and a fourth category provides a cushion to ensure funds will be spent. Mr. Johnson expressed that general sentiment is that the time for cushions is over when people are such great health risk from oral health problems.
- Mr. Vincent-Jones reported that he had asked Dr. Green at the prior P&P meeting if new oral health care providers had been identified, and if there was a mechanism to increase capacity if P&P chose to do allocate accordingly. Dr. Green responded in the affirmative to both questions.
- ➡ The Co-Chairs and Mr. Vincent-Jones will write a letter to OAPP that is copied to the Health Deputies and Dr. Jonathan Fielding, Director, DPH, regarding concerns on underspending. Mr. Land suggested referencing the 8/10/2010 request for information sent to Dr. Green regarding concerns on several underspent categories such as Benefits Specialty, Health Insurance Premiums/Cost-Sharing (HIP/C-S) and Oral Health Care and the May Letter of Assurance.

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MOTION #5 (*Johnson/Land*): Re-affirm current MAI service categories with overlap funds to be specifically invested to build capacity for Oral Health Care, which can include staffing, lab fees, equipment and facilities (with HRSA's consent), or other needs to increase oral health care outcomes (***Passed by Consensus***).

12. FY 2011 PRIORITY- AND ALLOCATION-SETTING (P-and-A) PROCESS: This item was postponed.

13. PRIORITY- AND ALLOCATION-SETTING (P-and-A) PROCESS: This item was postponed.

14. FY 2012 PRIORITY- AND ALLOCATION-SETTING (P-and-A) PROCESS: This item was postponed.

15. RESOURCE ANALYSIS SUBCOMMITTEE: This item was postponed.

16. NEXT STEPS: This item was postponed.

17. ANNOUNCEMENTS: There were no announcements.

18. ADJOURNMENT: The meeting adjourned at 4:25 pm.